

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21419

Entity Name: WREDE'S WILDLIFE REHABILITATION CENTER,
INCORPORATED**Current Principal Place of Business:**4820 WILDERNESS TRAIL
SEBRING, FL 33875**Current Mailing Address:**4820 WILDERNESS TRAIL
SEBRING, FL 33875**FEI Number: 59-2836736****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WREDE, KAREN RPRES.
4820 WILDERNESS TRAIL
SEBRING, FL 33875 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title STD
Name WREDE, DAVID
Address 4820 WILDERNESS TRAIL
City-State-Zip: SEBRING FL 33875Title PD
Name WREDE, KAREN
Address 4820 WILDERNESS TRAIL
City-State-Zip: SEBRING FL 33875Title D
Name BOREM, HELEN
Address 216 POLK ST
City-State-Zip: LAKE PLACID FL 33852Title D
Name ANDERSON, WENDELL
Address 105 NOTRE DAME
City-State-Zip: LAKE PLACID FLTitle D
Name BROWN, STEPHEN C
Address 2425 COUNTRY CLUB RD
City-State-Zip: SEBRING FL 33872

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WREDE, DAVID**STD****02/10/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date